INDIANA PAS/PASRR PROGRAM FAX COVER SHEET

State Form 47178 (R3 / 2-99) / BAIS 0025

Transmit to FAXNET number:
State PASRR Unit: (317)233-2182 or (317)233-9135
OMPP: (317)233-8379

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Date (*month, day, year*):	Time: ☐ AM ☐ PM	Total number of pages (*including this sheet*):

TO:	FROM: (*name of person to contact*)	*Telephone number ( )

☐ **PASRR Program:**
MS21, FAMILY AND SOCIAL SERVICES ADMINISTRATION
Bureau of Aging and In-Home Services
402 W. Washington St., W454
P.O. Box 7083
Indianapolis, IN 46207-7083

☐ **IPAS Only:**
MS07, FAMILY AND SOCIAL SERVICES ADMINISTRATION
Office of Medicaid Policy and Planning
402 W. Washington St., W382
Indianapolis, IN 46204

Agency / Hospital *(name, city)*

Case name:

☐ **ALTERNATE FAX NUMBER:** Enter FAX number to which determination form(s) should be faxed if different from FAX number at main office: ( )

Check one:
☐ MI ☐ MR / DD or MI / MR / DD ☐ IPAS *(non-PASRR)*

Check one:
☐ PAS ☐ PAS - Rescreening ☐ *Significant - Change RR only*

☐ RESIDENT
- ☐ At Home
- ☐ In Hospital
- ☐ In NF
- ☐ APS Admission
- ☐ Extension of PASRR Exempted Hospital Discharge
- ☐ Other: _____

☐ NONRESIDENT
- ☐ Indiana hospital patient
- ☐ Out-of-State hospital
- ☐ At Home
- ☐ Out-of-State NF
- ☐ Indiana NF (*Hospital Direct after treatment in ER and acute care bed*)
- ☐ Other_____

NOTE: Do not send in original or hard copy unless requested.

☐ Please call this office to review this material:

☐ As you requested:

☐ Comments:

Signature of IPAS agency, CMHC or BDDS Ofc. representative completing this form	Identify: IPAS Agency number, BDDS Ofc., or CMHC	Date (*month, day, year*)

☐ This packet was received at the State PASRR Unit. ☐ This packet was received at OMPP.	Signature of representative of State PASRR Unit / OMPP

If a verbal determination is received, complete the information below as indicated:

☐ **VERBAL APPROVAL** ☐ **VERBAL DENIAL**

Approved or denied by: (*Name of State PASRR Specialist or Medicaid LOC Reviewer)*	Date approved or denied *(month, day, year)*	Short-Term Approval: Enter number of days